

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 35

SUMMARY PAGE

| | | | | | | |
|---|-----------|------------------------------------|-----------|----------------|--|--|
| 1. NAME OF COMMITTEE | | | | | 2. TYPE OF COMMITTEE | |
| Dean 2010 | | | | | <input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | |
| 3. TREASURER NAME | | | | | | |
| Title | First | MI | Last | Suffix | | |
| | Nathaniel | S | Schindler | | | |
| 4. TREASURER ADDRESS | | | | | | |
| Street Address | | City | | State | Zip Code | |
| 23 Taquoshe Pl | | Fairfield | | CT | 06825 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (if applicable) | | | 7. DISTRICT CODE (if applicable) | |
| 11/02/2010 | | Attorney General | | | | |
| 8. CANDIDATE NAME | | | | | | |
| Title | First | MI | Last | Suffix | | |
| | Martha | A. | Dean | | | |
| 9. TYPE OF REPORT | | | | | | |
| 30 Days Following Primary - Original | | | | | | |
| 10. PERIOD COVERED | | | | | | |
| Beginning Date | | Ending Date | | | | |
| 07/28/2010 | | thru | | 09/02/2010 | | |
| 11. CERTIFICATION | | | | | | |
| <input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | |
| Electronic Filing | | Nathaniel Schindler | | 09/09/2010 | | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | DATE CERTIFIED | | |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

| NAME OF COMMITTEE | FILING DUE DATE | |
|--|-------------------------|-----------------------|
| Dean 2010 | Original 09/09/2010 | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$5,863.35 | |
| 14. Contributions received from Individuals (Section A and B) | \$7,920.00 | \$38,977.70 |
| 15. Receipts from Other Committees (Sections C1 + C2) | \$1,000.00 | \$1,000.00 |
| 16. Other Monetary Receipts (Section D-I) | \$0.00 | \$500.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14-17) | \$8,920.00 | \$40,477.70 |
| 19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B) | \$14,783.35 | \$40,477.70 |
| 20. Expenses Paid by Committee (Section N) | \$9,764.71 | \$35,459.06 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19) | \$5,018.64 | \$5,018.64 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Contributions Received (Section K) | \$0.00 | \$1,552.50 |
| 24. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 25. Receipts of Organization Expenditures (Section M) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | \$0.00 |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | \$0.00 |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$3,000.00 | \$10,006.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$400.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$2,199.92 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dean 2010 | Original 09/09/2010 |

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

Subtotal Section A

\$645.00**B. Itemized Contributions from Individuals**

| | | | | | | |
|--|--|---|--|---------------------------------------|---------------------------|------------------------|
| Last Name Woodford | First Name Penny | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Contribution ID # 0133 | Amount of Contribution |
| Residential Street Address 687 W Avon Rd | City Avon | State CT | Zip Code 06001 | Date Received 07/28/2010 | | |
| Principal Occupation Sales | Name of Employer Caldwell Banker Res. Brokerage | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | | |
| \$100.00 | | | | | | |
| Last Name Chase | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0128 | Amount of Contribution |
| Residential Street Address 31 Bishop Rd | City West Hartford | State CT | Zip Code 06119 | Date Received 07/28/2010 | | |
| Principal Occupation Analyst | Name of Employer Chase Enterprises | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,000.00 | | |
| \$2,000.00 | | | | | | |
| Last Name Galloway | First Name Patricia | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Contribution ID # 0140 | Amount of Contribution |
| Residential Street Address 65 Bonnie View Dr | City Trumbull | State CT | Zip Code 06611 | Date Received 07/29/2010 | | |
| Principal Occupation Homemaker | Name of Employer None | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | | |
| \$100.00 | | | | | | |
| Last Name Chase | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Contribution ID # 0132 | Amount of Contribution |
| Residential Street Address 96 High Ridge Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 07/29/2010 | | |
| Principal Occupation Businessman | Name of Employer Chase Enterprises | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$500.00 | | |
| \$500.00 | | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dean 2010 | Original 09/09/2010 |

B. Itemized Contributions from Individuals

| | | | | | | | |
|--|--|---|--|---|----------------------------------|---|--|
| Last Name Telerico | First Name Samuel | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Contribution ID # 0134 | Amount of Contribution \$250.00 | |
| Residential Street Address 24 Meadow Rd | City Riverside | State CT | Zip Code 06878 | Date Received 07/30/2010 | | | |
| Principal Occupation Retired | Name of Employer Retired | | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$250.00 |
| | | | | | | | |
| Last Name Ganim | First Name Lawrence | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0129 | Amount of Contribution \$250.00 | |
| Residential Street Address 45 Ironwood Rd | City Trumbull | State CT | Zip Code 06611 | Date Received 08/02/2010 | | | |
| Principal Occupation President/CEO | Name of Employer Ganim Group, Inc. | | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$250.00 |
| | | | | | | | |
| Last Name Gardner | First Name Luke | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0130 | Amount of Contribution \$250.00 | |
| Residential Street Address 177 Old Mill Ln | City Stamford | State CT | Zip Code 06902 | Date Received 08/02/2010 | | | |
| Principal Occupation Attorney | Name of Employer Self | | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$250.00 |
| | | | | | | | |
| Last Name MacMillan | First Name Jerri | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0144 | Amount of Contribution \$50.00 | |
| Residential Street Address 8 S Winds Dr | City Essex | State CT | Zip Code 06426 | Date Received 08/03/2010 | | | |
| Principal Occupation None | Name of Employer None | | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$50.00 |
| | | | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dean 2010 | Original 09/09/2010 |

B. Itemized Contributions from Individuals

| | | | | | | |
|--|--|---|--|--|----------------------------------|---|
| Last Name Butera | First Name Adam | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0146 | Amount of Contribution \$25.00 |
| Residential Street Address 21 Mohegan Ln | City Hebron | State CT | Zip Code 06248 | Date Received 08/04/2010 | | |
| Principal Occupation Claims Attorney | Name of Employer Chubb Group | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$75.00 | | |
| | | | | | | |
| Last Name MacMillan | First Name Jerri | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0145 | Amount of Contribution \$50.00 |
| Residential Street Address 8 S Winds Dr | City Essex | State CT | Zip Code 06426 | Date Received 08/05/2010 | | |
| Principal Occupation None | Name of Employer None | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | | |
| | | | | | | |
| Last Name Lauretano | First Name Kathleen | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0131 | Amount of Contribution \$250.00 |
| Residential Street Address PO Box 502 | City Lakeville | State CT | Zip Code 06039 | Date Received 08/08/2010 | | |
| Principal Occupation Retired | Name of Employer None | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | | |
| | | | | | | |
| Last Name Smith | First Name Elenor | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Contribution ID # 0139 | Amount of Contribution \$500.00 |
| Residential Street Address 100 Breezy Hill Rd | City Canton | State CT | Zip Code 06019 | Date Received 08/14/2010 | | |
| Principal Occupation Retired | Name of Employer Retired | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | | |
| | | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dean 2010 | Original 09/09/2010 |

B. Itemized Contributions from Individuals

| | | | | | | |
|--|---|--|--|--|----------------------------------|---|
| Last Name Blake | First Name Kathy | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0136 | Amount of Contribution \$100.00 |
| Residential Street Address 915 Pond Meadow Rd | City Westbrook | State CT | Zip Code 06498 | Date Received 08/19/2010 | | |
| Principal Occupation Teacher | Name of Employer Unemployed | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | | |
| Last Name Welsh | First Name Melissa | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0147 | Amount of Contribution \$50.00 |
| Residential Street Address 35 Latham Rd | City Willington | State CT | Zip Code 06279 | Date Received 08/20/2010 | | |
| Principal Occupation Operations Manager | Name of Employer AmTrust | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | | |
| Last Name Ciccaglione | First Name Joseph | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0135 | Amount of Contribution \$500.00 |
| Residential Street Address 21 Portage Xing | City Farmington | State CT | Zip Code 06032 | Date Received 08/22/2010 | | |
| Principal Occupation Accountant | Name of Employer Talcott Corp | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | | |
| Last Name McManus | First Name Vincent | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Contribution ID # 0141 | Amount of Contribution \$1,000.00 |
| Residential Street Address 2 Blackberry Ln | City Wallingford | State CT | Zip Code 06492 | Date Received 08/23/2010 | | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,000.00 | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dean 2010 | Original 09/09/2010 |

B. Itemized Contributions from Individuals

| | | | | | | |
|--|---|--|--|---------------------------------------|---------------------------|---------------------------|
| Last Name Chase | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Contribution ID # 0142 | Amount of Contribution |
| Residential Street Address 96 High Ridge Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 08/23/2010 | | |
| Principal Occupation Businessman | Name of Employer Chase Enterprises | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,500.00 | | |
| \$1,000.00 | | | | | | |
| Last Name DeAngelis | First Name Laura | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0137 | Amount of Contribution |
| Residential Street Address 210 Treadwell St | City Hamden | State CT | Zip Code 06517 | Date Received 08/24/2010 | | |
| Principal Occupation Paraprofessional | Name of Employer Hamden Public Schools | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | | |
| \$100.00 | | | | | | |
| Last Name Birarelli | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Contribution ID # 0143 | Amount of Contribution |
| Residential Street Address 116 Gilbert Dr | City Trumbull | State CT | Zip Code 06611 | Date Received 08/24/2010 | | |
| Principal Occupation Auto Body | Name of Employer Twin Lights Auto Body | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | | |
| \$100.00 | | | | | | |
| Last Name Winterer | First Name Victoria | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Contribution ID # 0138 | Amount of Contribution |
| Residential Street Address 93 River Rd | City Essex | State CT | Zip Code 06426 | Date Received 08/30/2010 | | |
| Principal Occupation N/A | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | | |
| \$100.00 | | | | | | |
| Total of Section B | | | | | | \$7,275.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page) | | | | | | \$7,920.00 |

I. MONETARY RECEIPTS (Section A-I)

| I. MONETARY RECEIPTS (Section A-I) | | | | | | |
|--|-------------|--|-----------------------------|---------------------------------------|--|--|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | |
| Dean 2010 | | | | | Original 09/09/2010 | |
| C1. Contributions from Other Committees | | | | | | |
| Name of Committee ARTS Political Action Committee (T) | | | | Name of Treasurer Ralph Camasso | | |
| Address 115 W View Rd | | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No | | | Amount of Contribution \$1,000.00 | |
| City Southbury | State CT | Zip Code 06488 | Date Received 08/06/2010 | Aggregate Contributions \$1,000.00 | | |
| Total of Section C1 | | | | | Total \$1,000.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | |
|---|-------|----------|--|---------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Dean 2010 | | | | Original 09/09/2010 |
| C2. Reimbursements or Payments from other Committees | | | | |
| Name of Committee | | | Name of Treasurer | |
| Address | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Reimbursement for shared expense Payment for goods and services | |
| Total of Section C2 | | | | |

I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

D. Loans Received this Period

| | | | | | | |
|----------------------------|------|-------|----------|--|---|-----------------|
| Name of Lender | | | | Source of Loan: Bank Candidate Individual Other Committee | Is there a cosigner or Guarantor of this loan? Yes No | Amount Received |
| Street Address | City | State | Zip Code | | | |
| Name of Cosigner/Guarantor | | | | | | |
| Street Address | City | State | Zip Code | Date Received | | |

Total of Section D

| |
|---|
| I. MONETARY RECEIPTS (Section A-I) |
|---|

| | |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dean 2010 | Original 09/09/2010 |

| |
|--|
| E. Personal Funds of the Candidate Received this Period |
|--|

| | | |
|---------------|--------|--|
| Date Received | Amount | <div style="display: flex; justify-content: space-between;"> Method of Payment </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Cash Personal Check Credit/Debit Card </div> |
|---------------|--------|--|

| | |
|---------------------------|--|
| Total of Section E | |
|---------------------------|--|

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|-----------------------------------|------------|------------|------------|-------|---------------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE |
| Dean 2010 | | | | | Original 09/09/2010 |
| F. Anonymous Contributions | | | | | |
| Date Received | \$ 1 bills | \$ 5 bills | \$ 10 bill | coins | Amount |
| Total of Section F | | | | | |

| |
|---|
| I. Monetary Receipts (Section A-I) |
|---|

| | |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dean 2010 | Original 09/09/2010 |

| |
|---|
| G. Interest from Deposits in Authorized Accounts |
|---|

| | | |
|---------------------|---------------|--------------------------|
| Name of Institution | Date Received | Total Amount Received |
| Street Address | City | |
| | State | Zip Code |

| | |
|---------------------------|--|
| Total of Section G | |
|---------------------------|--|

| I. MONETARY RECEIPTS (Section A-K) | | | |
|--|--|---------------|---------------------|
| NAME OF COMMITTEE | | | FILING DUE DATE |
| Dean 2010 | | | Original 09/09/2010 |
| H. Public Grant Funds Received from the Citizen's Election Fund | | | |
| Purpose of Grant: | Supplemental/Independent Expenditure | Date Received | Amount |
| Initial | | | |
| Primary General or Special Election | Primary General or Special Election | | |
| Supplemental/Post Election Deficit | Supplemental/Excess Expenditure | | |
| General or Special Election | Primary General or Special Election | | |
| Total of Section H | | | |

I. MONETARY RECEIPTS (Section A-K)

| | | | | |
|--|------|---------------------|---------------------|--------------------|
| NAME OF COMMITTEE | | | FILING DUE DATE | |
| Dean 2010 | | | Original 09/09/2010 | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | | | |
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Total of Section I | | | | |

II. FUNDRAISING EVENT ACTIVITY

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

| | | | | | | | |
|---|------------|-------|---|---------------|---------|--|-------------------------------------|
| Name of the Purchaser Last Name <i>(Individuals ONLY)</i> | First Name | MI | Method of payment: <div style="display: flex; justify-content: space-around; font-size: small;"> Cash Personal Check Credit/Debit Card </div> | | | | Aggregate Amount of Purchases |
| Residential Street Address | City | State | Zip Code | Date Received | Event # | | |
| Items Purchased | | | | | | | |
| Total of Section J2 | | | | | | | |

II. FUNDRAISING EVENT ACTIVITY

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

J3. In-Kind Donations Not Considered Contributions

| | | | | | | |
|----------------------------|------|---------------|----------|-----------------------------------|-----------------|-------------------------------------|
| Name of the Donor | | | | Donation Given by: | | Fair Market Value of Donation |
| | | | | Individual | Business Entity | |
| Street Address | City | State | Zip Code | Aggregate value for this event | | |
| Description of Donation | | Date Received | Event # | | | |
| Total of Section J3 | | | | | | |

III. NONMONETARY RECEIPTS

| | |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dean 2010 | Original 09/09/2010 |

K. In-Kind Contributions

| | | | | | | |
|---|--|-----------|--|---------------|-------------------------|--|
| Name | | | | Date Received | | Fair Market Value of this Contribution |
| Street Address | | City | State | | | |
| Type of Contributor: | Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | |
| Individual Committee | | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# | | Yes No | Description of In-Kind Contribution | | Aggregate contributions | |
| Total of Section K | | | | | | |

III. Non Monetary Receipts

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

L. Refundable Deposit to Telephone Company

| | | | | |
|--------------------------------|------------|-------|---------------|-------------------|
| Last Name (Individuals Only) | First Name | MI | Date Received | Amount of Deposit |
| Street Address | City | State | Zip Code | |
| Name of Telephone company | | | | |
| Street Address | City | State | Zip Code | |
| Total of Section L | | | | |

III. NONMONETARY RECEIPTS

| | | | | | |
|--|-------|---|----------------------|---------------------|-------------------------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE | |
| Dean 2010 | | | | Original 09/09/2010 | |
| M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee | | | | | |
| Name of Committee | | | Name of Treasurer | | |
| Street Address | | | Date Notice Received | | Fair Market Value of Donation |
| City | State | Zip Code | Aggregate Donations | | |
| Description of Donation | | Purpose of Expenditure A B C D E | | | |
| Total of Section M | | | | | |

IV. EXPENDITURES

| | | | | | | | |
|---|------------|-------|----------|------------------------|-------------------------------------|---|----------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Dean 2010 | | | | | | Original 09/09/2010 | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| United States Treasury | | | | | 07/29/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1041 | | |
| 1111 Constitution Ave NW | Washington | DC | 20224 | REF | <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | Other Candidate(s) Name | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Office Sought | | \$386.63 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| WXLM | | | | | 07/29/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1042 | | |
| 7 Governor Winthrop Blvd | New London | CT | 06320 | A-RAD | <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | Other Candidate(s) Name | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Office Sought | | \$900.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| WLIS/WMRD | | | | | 07/29/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1043 | | |
| 777 River Rd P.O. Box 1150 | Middletown | CT | 06457 | A-RAD | <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | Other Candidate(s) Name | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Office Sought | | \$320.00 |

IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

N. Expenses Paid By Committee

| | | | | | | |
|--|-------------|-------|----------|------------------------|---|----------|
| Name of Payee | | | | Date of Payment | Method of Payment | Amount |
| WILI | | | | 07/29/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1044</u> | |
| 720 Main St | Willimantic | CT | 06226 | A-RAD | <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> | | | | | | |
| | | | | | | \$190.00 |

| | | | | | | | |
|--|--------|-------|---------------|------------------------|-------------------------------------|---|----------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| WINY | | | | | 07/29/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1045</u> | | |
| 45 Pomfret St P.O. Box 231 | Putnam | CT | 06260 | A-RAD | <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | \$230.00 |
| Other Candidate(s) Name | | | Office Sought | | | | |

| | | | | | | | |
|--|---------|-------|----------|------------------------|-------------------------------------|---|----------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| WICH | | | | | 07/29/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1046</u> | | |
| PO Box 551 | Norwich | CT | 06360 | A-RAD | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> | | | | | | | |
| | | | | | | | \$100.00 |

IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

N. Expenses Paid By Committee

| | | | | | | |
|--|---------|-------|----------|------------------------|---|----------|
| Name of Payee | | | | Date of Payment | Method of Payment | Amount |
| WLAD | | | | 07/29/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1047</u> | |
| 198 Main St | Danbury | CT | 06810 | A-RAD | <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> | | | | | | |
| | | | | | | \$411.50 |

| | | | | | | | |
|--|------|-------|----------|------------------------|--|----------------------------------|---------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| USPS | | | | | 07/29/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | | |
| 35 E Main St | Avon | CT | 06001 | POST | | | |
| Description | | | | | | Event # | |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> | | | | | | | |
| | | | | | | | \$25.64 |

| | | | | | | | |
|---|--|------|-------|----------|------------------------|--|---------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Bank of America | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 240 W Main St | | Avon | CT | 06001 | BNK | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | |
| | | | | | | | \$13.00 |

IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

N. Expenses Paid By Committee

| | | | | | | | |
|---|-----------------|-------------|-------------------|---------------------------------|--|--|---|
| Name of Payee Constant Contact | | | | | Date of Payment 08/03/2010 | Method of Payment <input type="checkbox"/> Check # | Amount \$30.00 |
| Street Address 1601 Trapelo Rd | City Waltham | State MA | Zip Code 02451 | Purpose of Expenditure A-WEB | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Other Candidate(s) Name Office Sought | | |
| Name of Payee Federal Express | | | | | Date of Payment 08/03/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount \$25.80 |
| Street Address 304 W Main St | City Avon | State CT | Zip Code 06001 | Purpose of Expenditure POST | <u>1048</u> <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Other Candidate(s) Name Office Sought | | |
| Name of Payee Federal Express | | | | | Date of Payment 08/03/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount \$25.80 |
| Street Address 304 W Main St | City Avon | State CT | Zip Code 06001 | Purpose of Expenditure POST | <u>1049</u> <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Other Candidate(s) Name Office Sought | | |

IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

N. Expenses Paid By Committee

| | | | | | | | |
|--|----------|-------|----------|------------------------|--|----------------------------------|----------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| ABC Signs | | | | | 08/06/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | | |
| 5851 Laure Steiner Rd | Theodore | AL | 36582 | A-SIGN | | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name <input type="text"/> </div> <div> Office Sought <input type="text"/> </div> | | | | | | | |
| | | | | | | | \$363.04 |

| | | | | | | |
|--|----------|-------|----------|------------------------|--|----------|
| Name of Payee | | | | Date of Payment | Method of Payment | Amount |
| Khristina Surgeon | | | | 08/11/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1050</u> <input type="checkbox"/> Debit Card | |
| 160 Adams St | Hartford | CT | 06112 | WAGE | | |
| Description | | | | | Event # | |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div> | | | | | | |
| | | | | | | \$387.87 |

| | | | | | | | | |
|---|--|----------|--|-------|----------|------------------------|--|------------|
| Name of Payee | | | | | | Date of Payment | Method of Payment | Amount |
| Paul Pacelli | | | | | | 08/11/2010 | <input checked="" type="checkbox"/> Check # 1051 <input type="checkbox"/> Debit Card | |
| Street Address | | City | | State | Zip Code | Purpose of Expenditure | | |
| 160 Adams St | | Hartford | | CT | 06112 | CNSLT | | |
| Description | | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | | |
| | | | | | | | | \$1,200.00 |

IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

N. Expenses Paid By Committee

| | | | | | | |
|---|------------------|-------------|-------------------|----------------------------------|--|--|
| Name of Payee ABC Signs | | | | Date of Payment 08/17/2010 | Method of Payment <input type="checkbox"/> Check # | Amount \$399.00 |
| Street Address 5851 Larue Steiner Rd | City Theodore | State AL | Zip Code 36582 | Purpose of Expenditure A-SIGN | <input checked="" type="checkbox"/> Debit Card | |
| Description Signs | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Other Candidate(s) Name Office Sought | |
| Name of Payee Martha Dean | | | | Date of Payment 08/18/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount \$425.59 |
| Street Address 15 Ensign Dr | City Avon | State CT | Zip Code 06001 | Purpose of Expenditure TRVL | <u>1054</u> <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Other Candidate(s) Name Office Sought | |
| Name of Payee Alphagraphics | | | | Date of Payment 08/18/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount \$1,052.11 |
| Street Address 47 W Main St | City Stamford | State CT | Zip Code 06902 | Purpose of Expenditure A-SIGN | <u>1053</u> <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Other Candidate(s) Name Office Sought | |

IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE |
|-------------------|---------------------|
| Dean 2010 | Original 09/09/2010 |

N. Expenses Paid By Committee

| | | | | | | | |
|---|--|-------------------------|-------|----------|------------------------|---|--------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Nathaniel Schindler | | | | | 08/19/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1056</u> | |
| 23 Taquoshe Pl | | Fairfield | CT | 06825 | WAGE | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | | Office Sought | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| \$807.20 | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Paul Pacelli | | | | | 08/28/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1057</u> | |
| 106 Putter Dr | | Wallingford | CT | 06492 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | | Office Sought | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| \$1,200.00 | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| UPS Store | | | | | 08/28/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1058</u> | |
| 35 E Main St | | Avon | CT | 06001 | POST | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | | Office Sought | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| \$56.77 | | | | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|----------|-------|----------|------------------------|--|---|----------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Dean 2010 | | | | | | Original 09/09/2010 | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Staples | | | | | 08/28/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1059</u> | <input type="checkbox"/> Debit Card | |
| 15 Albany Tpke | Simsbury | CT | 06092 | FNDR | | | |
| Description | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Other Candidate(s) Name Office Sought | | \$112.57 |
| Total of Section N | | | | | | \$9,764.71 | |

IV. EXPENDITURES

| | | | | | | | |
|--|-----------------------------|--------------|--|-------------------------------|-------------------|--|------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Dean 2010 | | | | | | Original 09/09/2010 | |
| O. Campaign Expenses Paid By Candidate | | | | | | | |
| Name of Payee Martha Dean | | | | Date of Payment 08/01/2010 | | Is Reimbursement Claimed? | |
| Street Address 15 Ensign Dr | | City Avon | | State CT | Zip Code 06001 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Purpose of Expenditure OVHD | Description Office Space | | | | Event # | | \$1,000.00 |
| Name of Payee Martha Dean | | | | Date of Payment 09/01/2010 | | Is Reimbursement Claimed? | |
| Street Address 15 Ensign Dr | | City Avon | | State CT | Zip Code 06001 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Purpose of Expenditure OVHD | Description Office Space | | | | Event # | | \$1,000.00 |
| Name of Payee Martha Dean | | | | Date of Payment 09/01/2010 | | Is Reimbursement Claimed? | |
| Street Address 15 Ensign Dr | | City Avon | | State CT | Zip Code 06001 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Purpose of Expenditure TRVL | Description Travel | | | | Event # | | \$1,000.00 |
| Total of Section O | | | | | | \$3,000.00 | |

| IV. EXPENDITURES | | | | | | |
|---|-------------|------|-------|--|---------------------|---------------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE |
| Dean 2010 | | | | | | Original 09/09/2010 |
| P. Expenses Incurred on Committee Credit Card | | | | | | |
| Name of Issuing Institution | | | | Type of Credit Card: Visa Master Card Discover American Other | | |
| Name of Vendor | | | | | Date of Transaction | Amount |
| Street Address | | City | State | Zip Code | | |
| Purpose of Expenditure | Description | | | | Event # | |
| Total of Section P | | | | | | |

IV. EXPENDITURES

| | | | | | |
|--|-------------|--------------|-----------------------------|---------------------|---|
| NAME OF COMMITTEE | | | | FILING DUE DATE | |
| Dean 2010 | | | | Original 09/09/2010 | |
| Q. Expenses Incurred By Committee but Not Paid During this Period | | | | | |
| Name of Creditor Malcolm McGough | | | Date Incurred 09/01/2010 | | Event # Amount Incurred (Estimate or Actual) |
| Street Address 144 Reverknolls | | City Avon | | State CT | |
| Zip Code 06001 | | | | | |
| Purpose of Expenditure PRNT | Description | | | | |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> | | | | | |
| | | | | | \$400.00 |
| Total of Section Q | | | | | \$400.00 |

IV. EXPENDITURES

| | | | | | |
|---|--|--------------------------------|--|--|-------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE | |
| Dean 2010 | | | | Original 09/09/2010 | |
| R. Itemization of Reimbursements to Committee Workers and Consultants | | | | | |
| Name of Worker/Consultant Martha Dean | | Date of Payment 08/18/2010 | | Method of Payment <input checked="" type="checkbox"/> Check # 1054 | |
| Secondary Payee Camrac, LLC | | Purpose of Expenditure TRVL | | <input type="checkbox"/> Debit Card | |
| Street Address 224 W Main St | | City Avon | | State CT | Zip Code 06001 |
| Description | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | | Office Sought | |
| | | | | \$425.59 | |
| Total of Section R | | | | | \$425.59 |

| IV. EXPENDITURES | | | | |
|--|------|-------|----------|--|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Dean 2010 | | | | Original 09/09/2010 |
| S. Surplus Distribution of Equipment and Furniture | | | | |
| Name of Recipient | | | | Original Purchase Amount of Item |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Total of Section S | | | | |